

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90238 038 ****61.25

DOCUMENT # N96000006631

1. Entity Name

VENUS UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

962 CR 731
 VENUS FL 33960

962 CR 731
 VENUS FL 33960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1835239

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIRGE, SYLVIA
1367 C.R. 731
VENUS FL 33960

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T Delete
 TITLE NAME
CLARK, DANIEL GENE
 STREET ADDRESS
210 QUAIL RUN
 CITY-ST-ZIP
VENUS FL

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 TITLE NAME
BIRGE, WALLACE
 STREET ADDRESS
1367 C.R. 731
 CITY-ST-ZIP
VENUS FL

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 TITLE NAME
LOTT, CLARICE
 STREET ADDRESS
62 RANCH HOUSE RD
 CITY-ST-ZIP
VENUS FL

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wallace Birge
WALLACE BIRGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-01
 Date

863-465-6829
 Daytime Phone #

CR2E037 (10/00)